S	CHEDULE B (FEC Form 3X)	Use separa	ate schedule(s)		FOR LINE NUMBER: (check only one)						PAGE 22 / 29				
IT	EMIZED DISBURSEMENTS	for each car	tegory of the immary Page		(cn	21b 27	22 28a	X	23 28b	22	4 3c	25 29	26		
	y Information copied from such Reports and Stat- for commercial purposes, other than using the na												3		
	NAME OF COMMITTEE (In Full) American Association of Oral and Maxillee	ofacial Surgeo	ons Political A	Actio	on C	Comm	itt-								
<u>г</u> А.	Full Name (Last, First, Middle Initial) DAVID SCOTT FOR CONGRESS						Transaction ID: SB23.20345 Date of Disbursement								
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